

## H. Grantee Performance Report (GPR)

When To Submit: Prepare a separate GPR for each current open grant and one for CDBG program income. The report periods and due dates are as follows:

Report	Period Covered	Date Due to the Department
Initial GPR	Contract effective date to subsequent June 30	July 31*
Subsequent GPRs	July 1 to June 30	July 31*
Final GPR	July 1 to grant expiration or RLA closure	Within 90 days after contract expiration

\* Note the earlier due date. This change affects GPRs due July 2004

How To Submit: **Submit an original and one copy** of the GPR to the attention of the CDBG Program Manager at the address in Section II.A. above.

### Instructions:

A Grantee Performance Report (GPR) is required for all General, Native American, Colonias, and Economic Development grants as well as for CDBG program income. A GPR is **NOT required for Planning/Technical Assistance or DRI grants**, however, citizen participation requirements must still be met.

Prepare a separate GPR for each current open grant and one for CDBG program income. The initial GPR covers the period from the contract effective date or RLA starting date to the following June 30<sup>th</sup>. All subsequent GPRs cover the period July 1<sup>st</sup> to June 30<sup>th</sup>. The final GPR covers both the period from July 1 to the grant expiration date and the entire grant term. Program Income GPRs are not final GPRs unless the jurisdiction came under HUD oversight during the program year.

**Public Hearing:** Prior to submitting your GPR(s), you must hold at least one noticed public hearing to report to the public your progress on CDBG activities. The hearing must be held prior to submission of the report and must allow interested parties to comment on your grant performance to date. The hearing does not need to be held before a governing body. Your public information file (see Chapter 7 for contents) must include the GPR, notice of the public hearing, list of attendees, minutes of the hearing, and any written comments received as well as your response.

**Coversheet/Certification:** Provide the general information requested, complete the checklist of contents, and have the individual authorized in the resolution sign the certification.

**Note:** Always complete and submit Part 1, Common Demographics. Also, complete and submit one set of Parts 2 through 8 of the GPR **for each contract or Program Income RLA activity** (e.g., community facilities, housing rehabilitation, business assistance, etc.) Some Parts of this report may not apply to an activity funded under the open grant or RLA. For these activities check the “not applicable” box on the “Coversheet/Certification” page and do not submit these parts of the GPR. *(Do not complete the GPR for general administration or activity delivery activities.)*

**Race and Ethnicity Tables:** The following race and ethnicity categories are now required to be used when reporting on beneficiaries for CDBG activities on GPRs, whether under a grant or under program income.

**American Indian/Alaskan Native:**

“American Indian and Alaskan Native” refers to people having origins in any of the original peoples of North and South America (including Central American), and who maintain tribal affiliation or community attachment. It includes people who indicated their race or races by marking this category or writing in their principal or enrolled tribe, such as Rosebud Sioux, Chippewa, or Navajo.

**Asian:**

“Asian” refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. It includes people who indicated their race or races as “Asian Indian,” “Chinese,” “Filipino,” “Korean,” “Japanese,” “Vietnamese,” or “Other Asian,” or wrote in entries such as Burmese, Hmong, Pakistani or Thai.

**African American/Black:**

“African American or Black” refers to people having origins in any of the Black racial groups of Africa. It includes people who indicated their race or races as “African Am., Black, or Negro,” or wrote in entries such as African American, Afro American, Nigerian, or Haitian.

**Native Hawaiian/Other Pacific Islander:**

“Native Hawaiian/Other Pacific Islander” refers to people having origins in Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicated their race or races as “Native Hawaiian.”

**White:**

“White” refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicated their race or races as “white” or wrote in entries such as German, Italian, Lebanese, Near Easterner, Arab, or Polish.

**American Indian/Alaska Native and White:**

Self-explanatory

**Asian and White:**

Self-explanatory

**African American/Black and White:**

Self-explanatory

**American Indian/Alaska Native and African American/Black:**

Self-explanatory

**Other Multi-racial:**

Includes persons who consider themselves not to be classified under any of the above categories.

You will notice that Hispanic is no longer considered a race category. Hispanic is now an ethnic category that must be associated with a race category when it is used. HUD strongly recommends that program operators first ask beneficiaries to select one of the ten race and multi-race categories. Only after that question is answered should the beneficiary be asked if they are also Hispanic.

## Part 1. Common Demographics

Contract or RLA Activity: Enter the activity type (e.g., Housing Rehabilitation, Community Facilities, Business Assistance, etc.)

HUD Matrix Code: Enter the corresponding code to the activity. If the GPR is for a grant the code can be found in the Standard Agreement. If the GPR is for Program Income you may need to contact your CDBG or EDBG representative for the code(s).

Accomplishment Type: Choose the type of accomplishment that applies to each activity reported on. (e.g., Public Services = Persons, Housing Rehabilitation = Households, Business Assistance = Jobs, etc.)

Number of Beneficiaries This Period: Enter the number of beneficiaries for each activity being reported on for the period covered by this report.

Number of TIG Beneficiaries This Period: Enter the number of TIG beneficiaries for each activity being reported on for the period covered by this report.

Total Beneficiaries During Entire Grant: Enter the cumulative number of beneficiaries for each activity being reported on for the entire grant term. **FINAL GPR ONLY.**

Total TIG Beneficiaries During Entire Grant: Enter the cumulative number of TIG beneficiaries for each activity being reported on for the entire grant term. **FINAL GPR ONLY.**

Contractor Information: Enter the value of all contracts awarded to contractors during the period covered by this report, separated by category. Only contracts between the grantee and a contractor should be listed. Contracts between beneficiaries and contractors are **NOT** to be listed.

## Part 2. Housing Activities

Contract Activity: Indicate whether the activity being reported on is Housing Rehabilitation, Housing New Construction, or Housing Acquisition. *(If there is more than one housing activity, separate “Part 2’s” must be completed for each individual activity.)*

Beneficiaries by Income Group: Provide the total number of beneficiaries broken out by renters and owners.

- a. Total TIG (Low/Mod) Beneficiaries: Total number of beneficiaries whose income exceed 50%, but does not exceed 80% of the median family.
- b. Total LTIG (Lowest Income) Beneficiaries: Number of beneficiaries whose income exceeds 30%, but does not exceed 50% of the median family income.
- c. Total VLTIG (Very Lowest Income) Beneficiaries: Number of beneficiaries whose income does not exceed 30% of the median family income.
- d. Total Non-TIG Beneficiaries: Number of beneficiaries whose income exceeds 80% of the median family income.
- e. TOTAL: Enter the sum of all the beneficiaries under the “Owners” and “Renters” columns.

Beneficiaries by Race and Ethnicity: See instructions, above.

**Multi-Unit Activities:** For multi-family housing unit activities only.

a. **Units at Start of Project:** (Broken out by renters and owners)

*Total* - Total number of units at the start of the project.

*Occupied* - Total number of units occupied at the start of the project.

*Occupied TIG (Low/Mod)* – Total number of units occupied by TIG (low/mod) income persons at the start of the project.

b. **Units at Completion of Project:** (Broken out by renters and owners)

*Total* - Total number of actual units at the completion of the project.

*Occupied* - Total number of actual units occupied at the completion of the project.

*Occupied TIG (Low/Mod)* - Total number of actual units occupied by TIG (low/mod) income persons at the completion of the project.

### Part 3. Public Works Activities

Direct Assistance to Households: Provide the number of households directly assisted either during the report period **OR**, if the final GPR, during the grant term. Households are to be separated by activity type. If the activity type is not listed, use “Other” and identify the type of activity.

Service Area Benefit: This information is only to be reported on if the Public Works activity provides benefit area-wide rather than directly to individual households.

Beneficiaries by Race and Ethnicity: See instructions, above.

Number of Female-Headed Households: Provide the number of households, containing one or more individuals, benefiting from this activity where the primary income contributor is female.

Number of Handicapped Beneficiaries: Provide the number of persons benefiting from this activity that have a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. They do not have to be head-of-household.

Percentage of TIG (Low/Mod) in Service Area: Provide the percentage of the TIG (low and moderate-income) persons residing in the service area.

How Was the Percentage of TIG (Low/Moderate Income) Persons Residing in the Area Determined: Indicate if the percentage was determined by a survey or Census data.

*Census Tract(s)* - If census data was used, provide the census tract number(s).

*Block Group(s)* - If census data was used, provide the block group number(s) within the census tract provided above.

## Part 4. Community Facilities and Public Services Activities

Community Facilities Beneficiary Information: Provide the number of persons assisted during the report period **OR** during the completion of the project (*final GPRs only*). Persons are to be separated by activity type. If the activity type is not listed, use “Other” and identify the type of activity.

Public Services Beneficiary Information: Provide the number of persons assisted during the report period **OR** during the completion of the project (*final GPRs only*). Persons are to be separated by activity type. If the activity type is not listed, use “Other” and identify the type of activity.

Beneficiaries by Race and Ethnicity: See instructions, above.

Number of Handicapped Beneficiaries: Provide the number of persons benefiting from this activity who have a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

Number of Homeless Beneficiaries: Provide the number of homeless persons and/or families benefiting from this activity.

Income Restriction: Indicate if the activity is income restricted. **If the answer is “yes,” presumed benefit and service area benefit information are not needed.**

Presumed Benefit (*limited clientele*) Information: Indicate which limited clientele group(s) are benefiting from the activity.

Service Area Benefit: This information is only to be reported on if the activity provides benefit area wide rather than directly to individuals. **This information is only required if the activity is not income restricted or does not benefit limited clientele.**

Percentage of TIG (Low/Mod) in Service Area: Provide the percentage of the TIG (low and moderate-income) persons residing in the service area.

Total Number of Beneficiaries in Service Area: Provide the total number of persons or households as applicable in the service area.

How Was the Percentage of TIG (Low/Moderate Income) Persons Residing in the Area Determined: Indicate if the percentage was determined by a survey or Census data.

*Census Tract(s)* - If census data was used, provide the census tract number(s).

*Block Group(s)* - If census data was used, provide the block group number(s) within the census tract provided above.

## Part 5. Economic Development Activities

### Number of Jobs Created/Retained:

- a. Jobs Created: The number of jobs created by the activity during the report period.

*Full Time* - Number of full time jobs.

*Full Time TIG (Low/Mod)* - Number of full-time jobs for (low/moderate) income persons.

*Part Time* - Number of part-time jobs that provide at least 875 hours of employment.

*Part Time TIG (Low/Mod)* - Number of part-time jobs that provide at least 875 hours of employment for TIG (low/moderate) income persons.

- b. Jobs Retained: The number of jobs retained by the activity during the report period.

*Full Time* - Number of full time jobs.

*Full Time TIG (Low/Mod)* - Number of full-time jobs for TIG (low/moderate) income persons.

*Part Time* - Number of part-time jobs that provide at least 875 hours of employment.

*Part Time TIG (Low/Mod)* - Number of part-time jobs that provide at least 875 hours of employment for TIG (low/moderate) income persons.

### Number of Businesses Assisted:

*New Businesses* – Number of new businesses assisted during the report period.

*Existing Businesses* – Number of existing businesses assisted during the report period.

Number of Clients Assisted: Indicate the number **Microenterprise Assistance** clients assisted during the report period.

Beneficiaries by Race and Ethnicity: See instructions, above.

Number of Handicapped Beneficiaries: Provide the number of persons benefiting from this activity who have a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

Does the National Objective meet the Slum Blight Area's (SBA) Objective: Answer only if the activity addresses prevention or elimination of slums and blight in a designated area.

- *Percent of Deteriorated Houses:* Indicate the percentage of houses in the designated area that are deteriorated.
- *Total Number of Beneficiaries:* Indicate the number of beneficiaries in the SBA.
- *SBA Designator Year* - Indicate the year the area was designated an SBA.
- *Public Improvement Type/Condition* - Briefly describe the condition of the SBA and how this activity will improve it.
- *Boundaries* - Provide the street names of the boundaries of the SBA.

## **Part 6. Displacement/Replacement Information**

**CDBG Displacement:** *Complete this section if any household, business, farm, or nonprofit organization moved permanently from real property as a direct result of rehabilitation, demolition, or acquisition of any CDBG-assisted activity.* **Note:** Complete one set for each Census Tract.

Census tract: List the Census Tract the entities are being displaced from.

City or County: Name the City, or County and community from which the entities are being displaced.

- Number displaced: List the number of persons by race category and ethnicity that are being displaced.
- Number remaining: List the number of persons by race category and ethnicity that will remain (i.e., not displaced.)
- Number relocated: List the number of persons by race category and ethnicity that were relocated following displacement.

**One for One Replacement:** *Answer “yes” if the activity being assisted results in the conversion or demolition of one or more dwelling units that must be replaced.* **Note:** Please complete one set for each address.

Demolished-Converted street address: Provide the street address of the structure where housing units were demolished or converted.

Number of bedroom units: Indicate the number for each size unit demolished or converted (e.g., three 2-bedroom units and one 3-bedroom unit, etc.)

Date agreement executed: For housing that is privately owned, type the date the grant or loan agreement for CDBG assistance between the grantee and the person owning or controlling the property was executed. For housing that is owned by the grantee or subrecipient, type the date that the contract for demolition or conversion between the grantee or subrecipient and the contractor was executed.

Replacement street address: Provide the street address of the replacement units for the demolished-converted housing.

Number of bedroom units: Indicate the number for each size unit demolished or converted (e.g., three 2-bedroom units and one 3-bedroom unit, etc.)

Available date: The date the replacement units will be available.

## State Community Development Block Grant Program

**GRANTEE PERFORMANCE REPORT**

For period 7/1/\_\_\_\_\_ to 6/30/\_\_\_\_\_

**Coversheet/Certification**

Jurisdiction Name: \_\_\_\_\_

General Information:

Please check one:

☐ Annual GPR☐ Final GPR (Grant GPR Only)Is this GPR being completed to report on: ☐ Program Income, or ☐ a Grant?

If Grant, No: \_\_\_\_\_, and check type, below:

☐ General ☐ Economic Development ☐ Colonias ☐ Native American

Address of Jurisdiction: \_\_\_\_\_

Preparer Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Checklist of Contents:** *(include all parts applicable to your Grant or PI-RLAs)*

Contents	Activity 1		Activity 2		Activity 3		Activity 4	
	Inc.	N/A	Inc.	N/A	Inc.	N/A	Inc.	N/A
Part 1. Common Demographics								
Part 2. Housing Activities								
Part 3. Public Works Activities								
Part 4. Public Services and Community Facilities Activities								
Part 5. Economic Development Activities								
Part 6. Displacement/Replacement Information								

**Certification:**

I have reviewed the enclosed data and certify that to the best of my knowledge these data are true and accurate and the supporting records will be maintained and are available for State review.

\_\_\_\_\_  
Signature of Authorized Representative\_\_\_\_\_  
Printed Name and Title\_\_\_\_\_  
Date



Jurisdiction: \_\_\_\_\_

Grant No. or Program Income: \_\_\_\_\_

**Part 1. Common Demographics** *(List all activities under this grant, or Program Income RLAs, as applicable, and their associated accomplishments during this period)*

Contract or RLA Activity	HUD Matrix Code	Accomplishment Type <i>(choose one for each activity reported on)</i>				Number of Beneficiaries This Period	Number of TIG Beneficiaries This Period	FINAL GPR ONLY <i>(Grants Only)</i>	
		Households <sup>1</sup>	Persons <sup>2</sup>	Jobs <sup>3</sup>	Clients <sup>4</sup>			Total Beneficiaries During Entire Grant	Total TIG Beneficiaries During Entire Grant
1.									
2.									
3.									
4.									

**CONTRACTOR INFORMATION:** *(Provide the total value of contract(s) between the grantee and contractors<sup>5</sup>)*

Firm Owned Wholly or in Substantial Part By:	Value of Contract(s)
Minority Group Members	\$
Women	\$
Other	\$

<sup>1</sup> Choose households if the activity is Housing Rehabilitation, Housing New Construction, Housing Acquisition, or Public Works.  
<sup>2</sup> Choose persons if the activity is Community Facilities or Public Services.  
<sup>3</sup> Choose jobs if the activity is Economic Development.  
<sup>4</sup> Choose clients if the activity is Microenterprise Assistance.  
<sup>5</sup> Do not list contracts between beneficiaries and contractors (i.e., housing rehabilitation).

Jurisdiction: \_\_\_\_\_

Grant No. or Program Income: \_\_\_\_\_

**Part 2. Housing Activities** (Complete a separate Part 2 for each housing activity)**Contract Activity:** *(choose one)*☐ Housing Rehabilitation☐ Housing New Construction☐ Housing Acquisition

Beneficiaries by Income Group: <i>(During this report period)</i>	<b>Owners</b> <i>(households)</i>	<b>Renters</b> <i>(households)</i>
a. Total TIG (Low/Mod) Beneficiaries: (51-80%) <sup>1</sup>		
b. Total LTIG (Lowest Income) Beneficiaries: (31-50%)		
c. Total VLTIG (Very Lowest Income) Beneficiaries (≤30%)		
d. Total Non-TIG Beneficiaries: (>80%)		
<b>TOTAL:</b>		

Beneficiaries by Income Group: <i>(During the entire grant term)</i>	<b>Owners</b> <i>(households)</i>	<b>Renters</b> <i>(households)</i>
a. Total TIG (Low/Mod) Beneficiaries: (51-80%) <sup>1</sup>		
b. Total LTIG (Lowest Income) Beneficiaries: (31-50%)		
c. Total VLTIG (Very Lowest Income) Beneficiaries (≤30%)		
d. Total Non-TIG Beneficiaries: (>80%)		
<b>TOTAL:</b>		

Beneficiaries by Race and Ethnicity:	During This Reporting Period		During Entire Grant Term	
	Race	Ethnicity	Race	Ethnicity
Race Categories	Number of Households	Number that are also Hispanic	Number of Households	Number that are also Hispanic
American Indian or Alaska Native				
Asian				
African American or Black				
Native Hawaiian or Other Pacific Islander				
White				
American Indian or Alaska Native <i>and</i> White				
Asian <i>and</i> White				
African American or Black <i>and</i> White				
American Indian or Alaska Native <i>and</i> African American or Black				
Other Multi-Racial				
<b>TOTALS:</b>				

Number of Female-Headed Households: \_\_\_\_\_

Number of Handicapped Beneficiaries: \_\_\_\_\_

<sup>1</sup> Median Family Income<sup>1</sup> Median Family Income

**Multi-Unit Activities: *FOR MULTI-FAMILY HOUSING UNIT ACTIVITIES ONLY***

During This Reporting Period	Total		Occupied		Occupied TIG, LTIG & VLTIG (Low/Mod)	
	Owner	Renter	Owner	Renter	Owner	Renter
a. Units at start of project						
b. Units at completion of project						

During Entire Grant Term	Total		Occupied		Occupied TIG, LTIG & VLTIG (Low/Mod)	
	Owner	Renter	Owner	Renter	Owner	Renter
a. Units at start of project						
b. Units at completion of project						

Jurisdiction: \_\_\_\_\_

Grant No. or Program Income: \_\_\_\_\_

### Part 3. Public Works Activities

#### Direct Assistance to Households:

Type of Project	Households Assisted During Report Period <sup>1</sup>	Households Assisted During the Grant Term (FINAL GPR ONLY)
Solid Waste Improvements		
Flood Drain Improvements		
Water Improvements		
Street Improvements		
Sidewalk Improvements		
Sewer Improvements		
Other ( <i>please specify</i> )		

**Service Area Benefit:** Percentage of TIG (Low/Mod) in service area: \_\_\_\_\_ %  
 How was the percentage of TIG (low/moderate income) persons residing in the service area determined?    ☐ Survey    ☐ Census Tract

Census Tract \_\_\_\_\_ Block Group(s) \_\_\_\_\_

Census Tract \_\_\_\_\_ Block Group(s) \_\_\_\_\_

Census Tract \_\_\_\_\_ Block Group(s) \_\_\_\_\_

Census Tract \_\_\_\_\_ Block Group(s) \_\_\_\_\_

<sup>1</sup> Direct assistance to individual households that has not been completed.

<sup>2</sup> This only applies to Public Works projects where benefit is area-wide (sewer/water mains, flood control, etc.) and not assistance directly to households.

Jurisdiction: \_\_\_\_\_

Grant No. or Program Income: \_\_\_\_\_

### Part 3. Public Works Activities (Continued)

Beneficiaries by Race and Ethnicity	During This Reporting Period		During Entire Grant Term	
	Race	Ethnicity	Race	Ethnicity
Race Categories	Number of Households	Number that are also Hispanic	Number of Households	Number that are also Hispanic
American Indian or Alaska Native				
Asian				
African American or Black				
Native Hawaiian or Other Pacific Islander				
White				
American Indian or Alaska Native <i>and</i> White				
Asian <i>and</i> White				
African American or Black <i>and</i> White				
American Indian or Alaska Native <i>and</i> African American or Black				
Other Multi-Racial				
<b>TOTALS:</b>				

Number of Female-Headed Households: \_\_\_\_\_

Number of Handicapped Beneficiaries: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Grant No. or Program Income: \_\_\_\_\_

## Part 4. Community Facilities and Public Services Activities

### Community Facilities Beneficiary Information

Type of Project	Persons Assisted During Report Period	Persons Assisted During Term of the Grant (FINAL GPR ONLY)
Senior Centers		
Handicapped Centers		
Youth Centers		
Community Centers		
Child Care Centers		
Parks and/or Recreation Facilities		
Health Facilities		
Abused/Neglected Children Facilities		
Battered & Abused Spouses Facilities		
Food Banks		
Other (please specify)		

### Public Services Beneficiary Information:

Type of Project	Persons Assisted During Report Period	Persons Assisted During Term of the Grant (FINAL GPR ONLY)
Senior Services		
Handicapped Services		
Youth Services		
Transportation Services		
Substance Abuse Services		
Employment Training		
Child Care Services		
Health Services		
Battered & Abused Spouses		
Abused & Neglected Children		
Mental Health Services		
Other (please specify)		

Jurisdiction: \_\_\_\_\_

Grant No. or Program Income: \_\_\_\_\_

## Part 4. Community Facilities and Public Services Activities (Continued)

Beneficiaries by Race and Ethnicity:		During This Reporting Period		During Entire Grant Term	
		Race	Ethnicity	Race	Ethnicity
Race Categories		Number of Persons	Number that are also Hispanic	Number of Persons	Number that are also Hispanic
American Indian or Alaska Native					
Asian					
African American or Black					
Native Hawaiian or Other Pacific Islander					
White					
American Indian or Alaska Native <i>and</i> White					
Asian <i>and</i> White					
African American or Black <i>and</i> White					
American Indian or Alaska Native <i>and</i> African American or Black					
Other Multi-Racial					
<b>TOTALS:</b>					

Number of Handicapped Beneficiaries: \_\_\_\_\_

Number of Homeless Beneficiaries: \_\_\_\_\_ Individuals \_\_\_\_\_ Families

Jurisdiction: \_\_\_\_\_

Grant No. or Program Income: \_\_\_\_\_

#### **Part 4. Community Facilities and Public Services Activities (Continued)**

**Is this activity income restricted?**      ☐ Yes      ☐ No

**(If you answered yes, stop here. If you answered no, provide the information requested below)**

**Presumed Benefit (*limited clientele*) Information:**

Are the beneficiaries of the Community Facility and/or Public Service activity members of one or more of the following groups? *(please mark each one that applies)*

- |                                              |                                                                       |
|----------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Severely Disabled   | <input type="checkbox"/> Homeless Persons (Includes Battered Spouses) |
| <input type="checkbox"/> Illiterate Adults   | <input type="checkbox"/> Persons Living With AIDS                     |
| <input type="checkbox"/> Migrant Farmworkers |                                                                       |

**OR**

**Service Area Benefit:**

Percentage of TIG (Low/Mod) in service area: \_\_\_\_\_%

Total Number of Beneficiaries: \_\_\_\_\_

How was the percentage of TIG (low/moderate income) persons residing in the service area determined?    ☐ Survey    ☐ Census Data

*If Census data, please provide following information:*

Census Tract \_\_\_\_\_ Block Group(s) \_\_\_\_\_

Census Tract \_\_\_\_\_ Block Group(s) \_\_\_\_\_

Census Tract \_\_\_\_\_ Block Group(s) \_\_\_\_\_

Census Tract \_\_\_\_\_ Block Group(s) \_\_\_\_\_



Jurisdiction: \_\_\_\_\_

Grant No. or Program Income: \_\_\_\_\_

## Part 5. Economic Development Activities

### Number of Jobs Created/Retained (During this report period):

	Total Job Count			
	Full-Time Jobs	Full-Time TIG Jobs	Part-Time Jobs <sup>6</sup>	Part-Time TIG Jobs <sup>7</sup>
a. Jobs Created				
b. Jobs Retained				

### Number of Businesses Assisted: (During this report period)

New Businesses: \_\_\_\_\_

Existing Businesses: \_\_\_\_\_

Number of Clients Assisted (Micro-enterprise Assistance Only): \_\_\_\_\_

### Number of Jobs Created/Retained (During the Grant term – Final GPR Only):

	Total Job Count			
	Full-Time Jobs	Full-Time TIG Jobs	Part-Time Jobs <sup>8</sup>	Part-Time TIG Jobs <sup>9</sup>
a. Jobs Created				
b. Jobs Retained				

### Number of Businesses Assisted: (During the Grant Term – Final GPR only)

New Businesses: \_\_\_\_\_

Existing Businesses: \_\_\_\_\_

Number of Clients Assisted (Micro-enterprise Assistance Only): \_\_\_\_\_

<sup>6</sup> Provides at least 875 work hours.

<sup>7</sup> Provides at least 875 work hours to TIG individuals.

<sup>8</sup> Provides at least 875 work hours.

<sup>9</sup> Provides at least 875 work hours to TIG individuals.

Jurisdiction: \_\_\_\_\_

Grant No. or Program Income: \_\_\_\_\_

## Part 5. Economic Development Activities (Continued)

Beneficiaries by Race and Ethnicity:	During This Reporting Period		During Entire Grant Term	
	Race	Ethnicity	Race	Ethnicity
Race Categories	Number of Persons	Number that are also Hispanic	Number of Persons	Number that are also Hispanic
American Indian or Alaska Native				
Asian				
African American or Black				
Native Hawaiian or Other Pacific Islander				
White				
American Indian or Alaska Native <i>and</i> White				
Asian <i>and</i> White				
African American or Black <i>and</i> White				
American Indian or Alaska Native <i>and</i> African American or Black				
Other Multi-Racial				
<b>TOTALS:</b>				

Number of Handicapped Beneficiaries: \_\_\_\_\_

Number of Homeless Beneficiaries: \_\_\_\_\_ Individuals \_\_\_\_\_ Families

Jurisdiction: \_\_\_\_\_

Grant No. or Program Income: \_\_\_\_\_

## Part 5. Economic Development Activities (Continued)

**If the activity does not meet the National Objective for TIG benefit**, does the National Objective meet the Slum Blight Area's Objective<sup>10</sup>? ☐ Yes ☐ No

*If yes, please provide the following information:*

Percent of deteriorated buildings \_\_\_\_\_%      SBA designator year \_\_\_\_\_  
Total Number of Beneficiaries \_\_\_\_\_

Public Improvement Type/Condition:

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Boundaries:

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<sup>10</sup> Pertains only to Program Income and Economic Development activities.

Jurisdiction: \_\_\_\_\_

Grant No. or Program Income: \_\_\_\_\_

**Part 6. Displacement/Replacement Information****CDBG Displacement and Community**

Census Tract: \_\_\_\_\_

City or County of: \_\_\_\_\_

Race and Ethnicity Categories	a. Number Displaced		b. Number Remaining		c. Number Relocated	
	R <sup>11</sup>	O <sup>12</sup>	R <sup>12</sup>	O <sup>13</sup>	R <sup>12</sup>	O <sup>13</sup>
White						
White <i>if also Hispanic</i>						
African American/Black						
African American/Black <i>if also Hispanic</i>						
Asian						
Asian <i>if also Hispanic</i>						
American Indian/Alaskan Native						
American Indian/Alaskan Native <i>if also Hispanic</i>						
Native Hawaiian/Other Pacific Islander						
Native Hawaiian/Other Pacific Islander <i>if also Hispanic</i>						
American Indian/Alaskan Native & White						
American Indian/Alaskan Native & White <i>if also Hispanic</i>						
Asian & White						
Asian & White <i>if also Hispanic</i>						
African American/Black & White						
African American/Black & White <i>if also Hispanic</i>						
American Indian/Alaskan Native & African American/Black						
American Indian/Alaskan Native & African American/Black <i>if also Hispanic</i>						
African American/Black <i>and</i> White						
African American/Black <i>and</i> White <i>if also Hispanic</i>						
Other Multi-Racial						
Other Multi-Racial <i>if also Hispanic</i>						
<b>TOTALS:</b>						

<sup>11</sup> Renter<sup>12</sup> Owner

**One for One Replacement:**

Demolished-Converted street address:

\_\_\_\_\_

Number of bedroom units:      0/1      2      3      4      5  
\_\_\_\_\_

Date agreement executed:      \_\_\_\_/\_\_\_\_/\_\_\_\_

Replacement street address: \_\_\_\_\_  
\_\_\_\_\_

Number of bedroom units:      0/1      2      3      4      5  
\_\_\_\_\_

Available date:      \_\_\_\_/\_\_\_\_/\_\_\_\_











